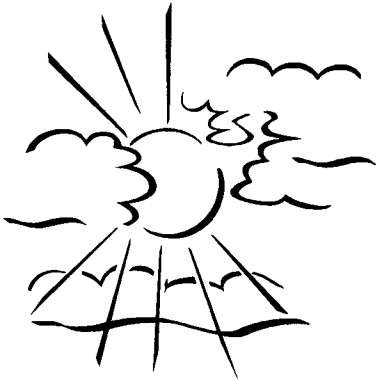


***Department  
of  
Human  
Services***

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# **Articles in Today's Clips**

## **Tuesday, June 6, 2006**

(Be sure to maximize your screen to read your clips)

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Published June 6, 2006

## **'02 report says Ricky tied up, had rope burn**

### **County took no action, found boy's story inconsistent**

By Jack Kresnak  
Special to the State Journal

A state child abuse investigator determined in February 2002 that former foster child Ricky Holland suffered a rope burn after being tied up by one of his parents.

But the statements from Ricky, whose disappearance and death last year led to murder charges against his adoptive parents, about why he was restrained were inconsistent.

Child Protective Services in Jackson County took no further action because there was no serious injury and no clear statement of abuse from Ricky, according to information released by the state Department of Human Services in a petition filed in Ingham County Family Court.

Ricky's four surviving siblings, ages 2 to 4, are the subjects of an amended petition asking a family court judge to terminate the parental rights of their father, Tim Holland, 37, and their mother, Lisa Holland, 33.

The 12-page petition mostly contains allegations stemming from evidence presented during a 14-day preliminary examination of the Hollands. The pair are awaiting a Sept. 11 trial on charges of murder and child abuse.

Ricky was 7 when his parents reported him missing from their home near Williamston last July. Tim Holland led police to Ricky's skeletal remains on Jan. 27, and both parents were jailed.

The 12-page petition outlines three complaints, and two of those were not investigated because the allegations were considered minor.

But an investigation was conducted in February 2002 when someone called protective services alleging Ricky was tied to his bed at night

and had a rope burn on his left wrist.

"There were also concerns that the child had stated that his parents put handcuffs on his legs because he peed in his room," the petition said.

An investigator asked Ricky about it, and the boy said he had a small rope burn on his left wrist.

"Ricky indicated that at times he and Tim were playing cops and robbers and then they would handcuff each other and ask for ransom (hands and legs)," a report on the investigation said, according to the petition.

"It was only a game," Ricky added, according to the report.

"The matter was investigated and denied," so no further action was taken, according to the petition.

Department spokeswoman Karen Stock declined comment.

Lisa Holland's attorney, Andrew Abood, said Saturday the protective services records show Ricky never told anyone his mother was mistreating him. Tim Holland's attorney, Sam Reedy, declined comment.

Contact Jack Kresnak of the Detroit Free Press at (313) 223-4544 or [jkresnak@freepress.com](mailto:jkresnak@freepress.com).

#### **What's next**

- Tim and Lisa Holland face murder and child abuse charges in the death of their adoptive son, Ricky.

They are scheduled to stand trial Sept. 11

# **Girl, 5, dies in squalor Siblings taken from parents; home called 'deplorable'**

FLINT

THE FLINT JOURNAL FIRST EDITION  
Tuesday, June 06, 2006

By Kim Crawford  
kcrawford@flintjournal.com • 810.766.6242

FLINT - Michelle L. Bowen of Flint knew she should take her sick 5-year-old daughter, Rose Kelly, to a doctor's office or emergency room, state Child Protective Services charged Monday.

But she didn't, and Rose became weaker and weaker after falling ill last Tuesday. On Saturday, Rose died at her N. Franklin Avenue home, which authorities said was crawling with lice and cockroaches, and had plastic bags filled with trash in cupboards and moldy dog feces in the basement.

Bowen admitted to Flint police and CPS caseworkers "that she did not take the children to the doctor because she knew that CPS would take the children due to the head lice and her home conditions," according to a neglect petition filed in Genesee Circuit Court's family division against Bowen and her fiance, Jeffery C. Kelly.

Three siblings - a 6-year-old brother, 2-year-old sister and 10-year-old half-sister - were removed from the home Saturday and temporarily placed with relatives.

On Monday, Family Court Referee Peggy Odette formalized the removal of the children, authorizing the CPS workers' petition and setting a June 27 pretrial conference before Probate Judge Robert E. Weiss on the state's move to terminate the parents' custodial rights.

Odette called the conditions the children had been living in "deplorable."

In the petition charging Kelly and Bowen and in testimony, state welfare officials noted that state officials had told the parents in 2004 and 2005 to participate in parenting classes and "prevention services."

One of the older children had come to the attention of state officials in late November 2003 as being "medically neglected."

The cause of Rose's death is not yet known. Flint police said late Monday they had not yet received autopsy results.

Police became involved Saturday morning when Bowen called 911 to say she and Kelly could not wake Rose.

According to the petition and testimony of CPS worker Julie Pannet, Rose had been sick since Tuesday with "flu-like symptoms." Bowen told investigators she had called the doctor's office, but the line had been busy, and the office was closed when she tried again after 5 p.m.

By Thursday, Rose had a fever and was too weak to go to the bathroom, so Bowen put her in disposable underwear. Caseworkers said Bowen - when asked why she and Kelly didn't take Rose to the doctor at that point - replied that she was "too tired from work."

Bowen told caseworkers she had tried to give Rose a bath on Saturday, but the girl began suffering seizures and making gurgling noises. She said both she and Kelly tried to do CPR and called 911.

Firefighters and police found Rose dead.

Pannet said although Bowen claimed she had begun to bathe the girl, Sgt. Terry Coon of the Flint Police Department told her there had been no water in the bathtub, and Rose's hair was not wet.

CPS worker Pannet said the hair of Rose's younger sister had been cut off, revealing scabs on her scalp, and the hair in the bathtub was crawling with lice.

She said she also saw cockroaches in the kitchen, garbage stashed in a food cupboard and "miscellaneous trash."

The foam cushions on which Rose had rested also were lice-infested, she said.

At the hearing, Bowen denied there was garbage in the cupboards, saying bags in the house contained only dirty clothes.

Kelly told Odette that empty beer bottles in the house were not his but had been left by a relative.

"This is a sad case because of the physical and medical neglect," said Karen Bunker, an attorney who represented the three children at the hearing Monday.

The tests on Rose's body could result in further charges, she said.

"I guess we'll have to wait and see what the autopsy says," Bunker said.

Odette ruled the parents can have supervised visits with their children until the case is resolved.

# **Suspect charged in Internet sex case**

The Grand Rapids Press

Tuesday, June 06, 2006

LOWELL -- State investigators have arrested a Lowell man Monday, accusing him of using the Internet to try to solicit children for immoral purposes. Scott Michael Dykstra, 29, was to be arraigned today in Grand Rapids Township District Court on four 10-year felonies for allegedly using a computer in the pursuit of children. Parents are advised to check their children's computer "buddy list" for the screen name "sdyk2300," the alleged moniker Dykstra used during online chats.

# Deputy's kindness put parent at ease when he found missing girl

The Kalamazoo Gazette

Tuesday, June 6, 2006

By Pamela R. Haymon

I am the parent of a child with autism or Pervasive Developmental Disorder (PDD). For parents of ``typical" children, safety precautions are usually necessary for the first few years of childhood, after which the child develops, matures and no longer requires the use of modifications.

However, for parents of children with autism or PDD, it is a different story. There are a myriad of additional issues to consider when addressing the safety of the individual with autism, the family members and the home environment. Often, the children with autism who display such behavioral concerns do not understand the ramifications of their actions, which, at best, can be bothersome and, at worst, can be devastatingly tragic. Therefore, it becomes incumbent upon caregivers to provide both a safe environment and ways to teach their children to be safe.

Several weeks ago my daughter was lost. Once outside of our home, I'm concerned that she is vulnerable and most likely unable to get home or communicate where she lives.

This was an overwhelming experience for us. However, after being rescued safely by Warren Misner, an exceptional deputy in the Kalamazoo County Sheriff's Department, I felt truly blessed and thankful to have her back.

Misner was very compassionate and appeared to be comfortable interacting with a special needs individual. He talked in direct, short phrases and allowed her time to respond to questions or directions/commands.

After rescuing my daughter, Misner informed me about an electronic tracking bracelet that my daughter could wear on her wrist that would help officers quickly locate her if she was lost again.

The bracelet was an answer to my prayers. Upon learning about it, my worries were lifted substantially. The very next day Deputy Misner came to our home, gathered information, clearly explained the protocol for having the bracelet, then placed the ``star bracelet" as my daughter refers to it, on her wrist. Because of this exceptional program (electronic tracking bracelet) I look forward to my daughter being located swiftly in the event of such an unfortunate incident.

My sincerest thanks go out to Deputy Misner for helping me to locate my missing daughter and for recommending the electronic tracking bracelet that my daughter so proudly wears.

I highly recommend this bracelet for children who have autism or PDD.

Pamela R. Haymon resides in Kalamazoo.



Published June 6, 2006  
[ From the Lansing State Journal ]

Local news briefs

## **Highfields may reopen in summer**

ONONDAGA - Highfields Inc.'s board of directors said Monday it hopes to reopen its youth residential program by the end of summer. The program for juvenile offenders, one of 17 services offered by Highfields, closed Feb. 22 after state officials and Ingham County judges removed 33 boys in reaction to reports of staff mistreatment. Among substantiated charges were that a worker shoved a boy's face into the snow after he refused to shovel snow; another counselor allowed some boys to haze a newcomer by pelting him with shaving cream cans, spoiled milk, shampoo and other items while in the shower; and that two counselors marched a boy around outside in the cold without a coat.

Highfields' board has dismissed its president/chief executive officer, along with some staff, and developed a corrective action plan that includes more training and screening of staff.

The board also hired Larry Miesner, an adjunct criminal justice professor at Michigan State University and former chief of Michigan's Bureau of Juvenile Justice, as interim president. Based on the changes, the state last month agreed to give the program a six-month provisional license.

Detroit Free Press

June 6, 2006

## **SOUTH LYON: 2 Novi teens to be sentenced as juveniles**

Two Novi teens will be sentenced as juveniles on June 19 after entering pleas Monday before Oakland County Family Court Judge Eugene Arthur Moore in the case of a fire at the South Lyon High School auditorium.

The 16-year-old girl pleaded guilty to a charge of arson of real property and admitted setting a seat in the auditorium on fire March 16 using a cigarette lighter, said Keri Middleditch, Oakland County assistant prosecutor in charge of the juvenile division.

The 15-year-old boy pleaded no contest to the same charge.

A no contest plea is not the same as a guilty plea but is treated as such for sentencing. Investigators testified at an earlier hearing that the youth admitted acting as a lookout while the other teen started the fire, Middleditch said.

Middleditch said she withdrew her request to have the teens tried as adults after reviewing psychological evaluations and school records. If convicted as adults they would have faced a maximum of 10 years in prison, she said.

Moore ordered the girl to Oakland County's Children's Village after the hearing. Moore could order that she be held in detention until she is 21, Middleditch said.

Moore ordered the boy, who is free on bond, to get a job or enroll in an educational program. He also ordered the boy to be screened by the juvenile court drug program, Middleditch said.

The teens and their parents also are responsible for up to \$622,000 in restitution for damage caused by the fire, Middleditch said.

*Compiled by Maryanne George, Lori Higgins, Kathleen Gray and Free Press staff*

# Boy relocated after bringing gun to school

Tuesday, June 06, 2006

By John S. Hausman  
CHRONICLE STAFF WRITER

A 14-year-old Muskegon Heights boy is headed to a locked residential treatment center -- with the possibility of an adult jail sentence later if he misbehaves -- for brandishing a loaded handgun in front of other students at his middle school.

Chief 14th Circuit Judge John C. Ruck on Monday ordered Jermaine Clifford to be sent to a Battle Creek juvenile facility called Starr Commonwealth for an indefinite period. Ruck delayed imposition of an adult sentence, which could be as long as a year in county jail, but reserved the right to impose such a sentence at any time. The boy's behavior will be monitored and reported to the judge at least once every three months. Circuit Court's Family Court Division will retain jurisdiction over Clifford until his 21st birthday.

Ruck opted to sentence the boy on an "adult track" rather than as a juvenile, in order to leave open the possibility of jail if the judge deems it necessary. Although Clifford was prosecuted and convicted as an adult, the judge could have chosen to sentence him as a juvenile, as defense lawyer David C. Williams urged. Instead, Ruck chose the adult track, as urged by Senior Assistant Prosecutor Timothy M. Maat.

The disposition was something of a compromise between what the two lawyers advocated.

"Considering the times we live in, the violence we've seen in schools, I can't imagine a more serious crime in terms of the safety of our children in schools," Maat said. He asked for an immediate maximum sentence of a year in jail, noting that Clifford had a prior record of juvenile convictions showing a failure of rehabilitation efforts.

"I ask the court to remember this is a 14-year-old boy that stands before you," Williams said, asking for a straight juvenile sentence to Starr Commonwealth, as recommended by the state probation department.

Clifford pleaded guilty as charged April 25 to four adult felonies: carrying a concealed weapon, carrying a dangerous weapon in a weapons-free school zone, a felony firearm count, and possession with intent to deliver an imitation controlled substance.

Clifford carried a loaded pistol in his waistband and repeatedly showed it to other students in his school before stashing it in his locker, where school officials found it. He was on probation for an earlier juvenile offense at the time.

He has lived since Jan. 24 at the Muskegon County Juvenile Detention Center, where he was lodged for a probation violation after being taken into custody at school shortly after

9 a.m. that day. A .22-caliber pistol recovered from his locker was loaded, and the boy already was in the principal's office when police arrived.

The boy already had a juvenile record that includes cocaine possession, breaking and entering and resisting police, according to the prosecutor's office.

Prosecutors said several students and a parent came forward saying the boy was seen with the gun in school Jan. 23. One of the students had come home from school and told the parent about the gun.

Authorities said it was discovered that the weapon was stolen. The boy reportedly told police he got the gun from an acquaintance.

After Clifford's arrest, prosecutors said, authorities found 40 additional rounds of ammunition in the boy's coat, as well as eight individually wrapped rocks of what looked like crack cocaine but proved after testing to be fake -- the basis of the "possession with intent" charge.

# **Plan is a good first step toward controlling health-care costs**

Bay City Times

Tuesday, June 06, 2006

Michigan has a chance to put some brakes on soaring health-care costs by making medical insurance more affordable.

Legislators should take these steps, outlined by Gov. Jennifer Granholm.

She proposes a \$1 billion plan - funded with

\$600 million in federal money, the rest from the state - to provide subsidized health insurance for about half of the 1.1 million Michigan residents who don't have any coverage.

It's a tentative first step toward some kind of badly needed health-care reform.

Unlike a similar, widely applauded plan that Massachusetts has enacted, Michigan's would be voluntary. Still, it would address several concerns at once.

While 77 percent of Michigan residents were covered by employer health plans in 2004 - above the national average of 70 percent - the rate has fallen since 2000, when 83 percent were enrolled in such insurance programs.

Some people have lost their insurance as employers faced with ever-rising health insurance costs dropped their plans. Others have decided that they can't afford the increased co-payments of the plans their employers do offer.

The Michigan First Health Care Plan would help such folks pay private insurance premiums. People earning wages below the poverty level might pay nothing.

Those at 200 percent of the poverty level - \$40,000 for a family of four - likely would pay no more than 5 percent of their monthly income for the insurance, Granholm administration officials have said. That's about \$167 a month.

It's a solid plan to get people health insurance so they may seek medical care without worrying about the costs bankrupting a family.

That's the feel-good, social services side of getting as many people as possible on health plans.

The cold, hard facts of finances, however, offer an equally compelling reason to insure the uninsured.

Those without health insurance quite often delay seeing a doctor until their medical conditions are very bad, and very expensive to treat. They show up at hospital emergency rooms for help - the most costly place to treat patients who might have gotten a doctor's help much earlier, and much less expensively.

Hospital administrators have argued for decades that such scenarios contribute to the millions of dollars that each hospital incurs every year to treat people who have no insurance.

Some of the costs are passed on as increased charges to people who have insurance, and to the government programs that pay for health care for the poor and the elderly.

This is part of the reason why health insurance costs keep rising.

And why, increasingly, more people can't afford health insurance.

This Michigan plan isn't a complete cure to what ails the health-care system.

But, absent any political will in Lansing and Washington, D.C., to really overhaul how we pay for and provide health care, it's a good first step.

Those in Lansing who would knock this plan down should consider that this is something that would help both businesses and employees - traditional Republicans and Democrats alike.

Of course, state leaders should always be open to even better ideas to get all people access to the best medical care in the world, right here in Michigan.

But, so far, we're not seeing any.

For now, the Michigan First Health Care Plan is it.

- Our View is the editorial opinion of The Bay City Times, as determined by the newspaper's editorial board, which includes the editorial page editor, the editor and the publisher.



## THE GRAND RAPIDS PRESS

### Health care costs are carried by the insured

Saturday, June 03, 2006

By Kathleen Longcore

The Grand Rapids Press

GRAND RAPIDS -- A vicious cycle raises health care costs for everyone, state health officials say.

Someone without health insurance goes without care until there's an expensive crisis. Then the person goes to the hospital emergency room and gets care the hospital won't be paid for. The hospital passes along those costs to patients covered by a health plan, causing their premiums to go up every year.

Employers strapped by premium increases stop providing health coverage. And this adds to the 1.2 million in Michigan currently uninsured.

For more than a year, a broad-based state group including employers, health care providers, policy makers and those in the insurance industry have met to look at solutions.

With federal grant money, the Michigan Department of Community Health surveyed 13,000 households and 10,000 businesses to find out how to reduce the number of uninsured in Michigan.

The planning group wraps up its job this month. And a new group will work with state and federal officials to roll out a state health plan called Michigan First, possibly in April 2007. It is hoped the plan will cut the numbers of the state's uninsured in half.

"It's a problem for everyone when people don't have insurance," said Jan Christensen, a state health department policy official who spoke at an Alliance for Health forum in Grand Rapids on Friday. "We would all pay less for our coverage if we could get everyone covered," Christensen said.

Recommendations include:

- The state must start paying adequate Medicaid reimbursements to encourage more providers to care for Medicaid patients.
- All those who are eligible should be required to be in employer-based or publicly funded health plans.
- Employers who offer health plans should offer coverage for employee dependents.
- Families with uninsured children and young adults should be urged to buy low-cost coverage.

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June 5, 2006

## **GRANHOLM ANNOUNCES SINGLE ENTRY SITES**

Four sites across Michigan would receive nearly \$35 million toward operating single point of entry demonstration facilities to help with the long-term care of residents, Governor Jennifer Granholm announced Monday.

“I am thrilled that numerous groups, individuals, and agencies have worked tirelessly to put forward strong proposals for establishing these demonstration projects for Single Points of Entry around the state,” Ms. Granholm said. “It is only through their broad, collaborative efforts that Michigan residents can have a single entry point for information that permits individual consumer choices. These awards help move Michigan toward offering an improved system that supports dignified, person centered, and quality lifestyles when there is a need for long term care.”

The monetary awards were given to Detroit (Detroit Area Agency on the Aging, receiving \$13.1 million), southwest Michigan (Region IV AAA, receiving \$7.18 million), the Upper Peninsula (U.P. Commission for Area Progress, receiving \$5.4 million) and western Michigan (HHS Health Options and AAA of Western of Michigan, receiving \$9.15 million).

Organizations not receiving awards at this time will be offered a single point of entry planning grants for regional cooperative efforts.

The demonstration projects are slated to run for 27 months and will be administered by the Department of Community Health.

“Single Points of Entry will help ensure that families are not forced to navigate a complex maze of agencies or services when they may be in crisis, or at their most vulnerable, and in need of long term care supports,” said DCH Director Janet Olszewski.



## **DCH Trying Four One Stop Shops For Long Term Care**

MIRS, Monday, June 5, 2006

Gov. Jennifer **GRANHOLM** today announced that four areas of the state would receive \$34.83 million for Long Term Care Single Point Entry (SPE) demonstration sites.

The sites are being put together with the intention of making it easier for families to find long term care for a loved one. The SPEs will allow families to find information about various long-term care options in one stop rather than forcing the family to gather a lot of information from various sources.

The Medicaid and Long Term Care Task Force recommended the Legislature and the governor consider putting SPEs into place in June 2005. The projects will be go for 27 months.

"I am thrilled that numerous groups, individuals and agencies have worked tirelessly to put forward strong proposals for establishing these demonstration projects for Single Points of Entry around the state," Granholm said. "It is only through their broad, collaborative efforts that Michigan residents can have a Single Entry Point for information that permits individual consumer choices. These awards help move Michigan toward offering an improved system that supports dignified, person centered and quality lifestyles when there is a need for long term care."

The SPE money was given to Detroit (\$13.1 million), Southwest Michigan (\$7.18 million), Upper Peninsula (\$5.4 million) and Western Michigan (\$9.15 million).

Regional areas that couldn't be funded will get SPE planning grants to bring stakeholders in the region together so they can submit a proposal for more SPE proposal requests.

The SPE system will control the growing cost of services by coordinating services, said Department of Community Health (DCH) Director Janet **OLSZEWSKI**.

"Single Points of Entry will help ensure that families are not forced to navigate a complex maze of agencies or services when they may be in crisis, or at their most vulnerable and in need of long-term care supports," she said.

The demo sites will help about 47.5 percent of the state's current long-term care Medicaid population and 36 of the state's counties, DCH officials estimated.

Published June 6, 2006  
[ From the Lansing State Journal ]

## **Robert Sheehan: Mental health 'parity' will aid people, business**

### **Senate committee wise to pass bills; benefits are many**

The Legislature often talks about "optional" and "essential" services. Unfortunately, and wrongly, mental health services are often lumped into "optional" services.

There is a compelling need to understand the realities of mental health and illness.

Without awareness, no improvements can be made in our current system.

The Community Mental Health Authority of Clinton, Eaton, Ingham counties continues to work to raise awareness in the area through special events, guest speakers and participating in anti-stigma events such as the 2006 "Walk a Mile in My Shoes" rally on May 25 at the Capitol. We also are strong advocates of "parity" legislation.

Two Senate bills, SB 229 and SB 230, guaranteeing mental health parity, were passed last Wednesday at the Senate Health Policy Committee hearing. We applaud the bills' sponsor, Sen. Bev Hammerstrom, R-Temperance, along with the bills' supporters, Sens. Bruce Patterson, R-Canton Township, and Gilda Jacobs, D-Huntington Woods. Together, this bipartisan group demonstrated their understanding and commitment to mental health parity.

The current system is discriminatory, and leaves families heading toward undesirable financial difficulty to get needed mental health services. While comments were made

during the hearing over the concern of the costs to businesses - studies of the effect of mental health parity - already passed in 39 states, have shown a decrease in overall health costs of less than 1 percent increase, if at all, in the cost of insurance rates to business.

Studies also have shown that parity provision leads to a marked decrease in employee absenteeism, thus ultimately lowering costs for employers. As an example, 7.8 million people with depression are currently employed in the U.S. Those suffering from depression often lose an average of six hours per work week, compared with one to two hours of those living without depression. This is a \$4,200/employee cost to business. If those currently living with depression had access to the treatment that they need, businesses would see a sharp increase in productivity.

Please join us in our support for parity legislation. Without which, the consequences of mental illness for the individual and society will lead to unnecessary disability, unemployment, homelessness, inappropriate incarceration and suicide.

**Robert Sheehan**

is executive director of the Community Mental Health Authority of Clinton, Eaton, Ingham counties.

## Parity to Improve Mental Care

*June 6, 2006*

In a truly historic moment, legislation giving mental health coverage parity with coverage of more obvious problems like broken bones and asthma has come to the floor of the Michigan Senate. Lawmakers who care about keeping the state strong should look past the qualms of opponents and enact it.

The big fear, especially in this lousy economic climate, is that better mental health coverage will drive up insurance costs. It is a legitimate concern, but one that most studies refute; the zooming costs of health coverage bear little if any relation to which states require mental health parity -- 39 at last count -- and which don't.

Equally important, though, good mental health care pays dividends that are hard to tote up on a balance sheet because they are so scattered and can't always be counted in dollars and cents: people who are more productive at work, families with less stress whose children do better in school, fewer worries about people wandering the streets, less strain on the jails and prisons when untreated illnesses lead otherwise decent folks to act out or fall into drug or alcohol abuse. Good mental health care -- treating the whole person -- yields benefits beyond the ledger books for health care.

The legislation reflects a long education effort by Sen. Bev Hammerstrom, R-Temperance, who got the backing of her two Republican committee members and one Democrat (the other abstained), demonstrating how this issue defies easy categorization. The proposed requirements are not onerous and do not force companies to offer mental health coverage. Rather, those who do offer it would have to apply the same standards for co-pays and caps used for other diseases.

Hammerstrom and other lawmakers who have banded together to push this and other mental health improvements will need to nag, cajole and chest-thump to get the attention this cause deserves.

But the time is right for action on an issue that remains woefully neglected -- and that affects the well-being of so many in Michigan.

# **25 years later, AIDS still a global scourge**

The Kalamazoo Gazette

Tuesday, June 6, 2006

Twenty-five years ago this week, a federal health publication made first mention of a cluster of healthy men dying of a rare form of pneumonia in Los Angeles.

It was the first mention in the United States of a disease that would later be called AIDS.

In the 1980s, AIDS, which first cropped up among homosexual men, was a death sentence and its victims became pariahs.

When AIDS found its way to heterosexuals, women and children, before the medical establishment came better to understand how it is transmitted, its victims were barred from society.

Since that first discovery a quarter-century ago, more than 40 million people have been infected by the HIV virus, and some 30 million have died.

In the United States, where medical care and research is advanced, people with HIV are living longer lives with the help of aggressive treatment and expensive drugs.

In Africa, AIDS became the leading cause of death in 2000. The United Nations reports that 11 million African children have been orphaned by AIDS. It is clear that in poverty-stricken nations, especially in those where having multiple sex partners is not unusual, AIDS is devastating populations.

AIDS has, in many ways, fallen from the public radar screen in the U.S. because of declines in the number of deaths. But, from a global perspective, it is clear that it continues to be a deadly plague that requires continued education and constant vigilance.

# Plan to fight homelessness may draw funds

Tuesday, June 6, 2006

By Kathy Jessup

[kjessup@kalamazoogazette.com](mailto:kjessup@kalamazoogazette.com) 388-8590

A 10-year plan to eliminate homelessness in Kalamazoo County could be the key to strengthening the city of Kalamazoo's \$250,000 commitment to a countywide, low-income-housing trust fund.

The Kalamazoo City Commission voted Monday to endorse the plan, which is considered a first step toward gaining a possible share of \$20 million in state funds for housing pilot projects across Michigan.

Michael Evans, an organizer for the Kalamazoo Housing Action Network, which participated in developing the 10-year plan, said the goal is to provide 1,000 units of "housing for homeless throughout the county that's permanent and affordable."

City Commissioner David Anderson said the countywide plan focuses first on responding to family changes that force people out of their homes and onto the streets. The study points to "job loss, divorce, family violence, mental illness, addictions and release from institutions" as primary causes of homelessness.

Rather than emphasize short-term shelters, local officials say they want to offer assistance that will allow families and individuals to obtain or keep affordable housing.

The plan says "demand for shelter beds is outpacing supply."

It estimates that 250 to 300 people stay in Kalamazoo shelters nightly and that many more are living with friends or relatives.

Also, it estimates that 15 percent of Kalamazoo County homeowners and 38 percent of renters are "cost burdened" because housing and utilities consume more than 30 percent of their incomes.

The plan also suggests that all Kalamazoo County cities, villages and townships have affordable home sites.

The city of Kalamazoo committed \$250,000 to a countywide housing trust fund in 2003. But Anderson recently told the Kalamazoo Gazette that the city has been seeking partners in its investment.

In March, the Michigan State Housing Development Authority announced that communities would have to file 10-year plans by October to be eligible for grant money.

In related action Monday, Kalamazoo commissioners also renewed a HOME Investment Partnership Program, offering up to \$200,000 for rental assistance and security deposits for families leaving shelters for more permanent homes.

# **Mother collects signatures, Head Start site stays open**

Tuesday, June 06, 2006

MICHAEL GREENLEE  
THE SAGINAW NEWS

When Wendy Welsh heard that her child's Head Start center in Marion Springs faced uncertainty, she acted.

Welsh collected about 50 signatures and petitioned the Saginaw County Intermediate School District to keep the center open.

"Head Start in Marion Springs had been so full they had waiting lists," Welsh said. "It's good, quality child care. If they close the center, what will the kids do?"

Laying Welsh's worries to rest, Head Start leaders have agreed to continue at the site, 13095 S. Merrill.

However, the intermediate district is reviewing its Head Start locations, said Rich Fantal, director of early childhood and parenting services.

"We're trying to create some long-term stability and some predictability," he said.

Fantal said most of the sites are in buildings that private landlords own.

The district has controlled federal Head Start classes throughout the county since January.

"Saginaw County is funded to serve 1,011 children, ages 3 and 4, who are income eligible," said Fantal, adding that recent enrollment has remained constant at 975 children.

The district negotiates rents with separate landlords across Saginaw County. Marion Springs is one of more than 20 such locations.

"What we're trying to do is standardize how much we pay per square foot," Fantal said. "We're partnering very closely with agencies throughout the county to determine where we want our Head Start classes."

The federal government establishes Head Start guidelines. Head Start assists preschool-age children in low-income families.



Welsh, who wants to send her 4-month-old to Marion Springs one day, said she felt helpless when she first got wind that Head Start in Marion Springs might discontinue.

"No Child Left Behind?" Welsh said, mentioning the federal education act. "What about the kids in Marion Springs?"

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June 3, 2006

Marney Rich Keenan:

## Author gives a voice to unwed mothers who suffered in silence



Those of us who went to high school in the 1950s and '60s remember them well – the girls who would be at school one day and then gone the next, mysteriously absent, for the rest of the school year.

In my all-girl Catholic school, sudden disappearances of girls were not uncommon. Regarding one friend, I remember we were told that she went off to Europe midway in her senior year. (Some of us even received postcards, with cheery notes, postmarked from Paris.) But that was just a ruse. In truth she was just a few miles away in a home for unwed mothers. She eventually gave birth and put the baby up for adoption.

Years later, the smiling face in my yearbook haunts me. And it should. So should they all. As Ann Fessler chronicles in her amazing book, "The Girls Who Went Away: The Hidden History of Women Who Surrendered Children for Adoption in the Decades Before Roe v. Wade" (Penguin, \$24.95), the millions of American women who got pregnant in high school during the post-World War II years (a time in which neither birth control nor education about reproduction was readily available to them) were told they had no other choice but to give up their children.

The pregnant teenagers were evicted or plucked out of school, shunned by society and sent to "maternity homes" for the duration of the pregnancy, delivery and adoption.

Fessler interviewed more than 100 of these mothers who relinquished their first-born child for adoption, keeping all of it a secret to preserve their reputations and save mother and child from a lifetime of ridicule.

Most never discussed their experiences with anyone – ever – because of the shame and guilt. They were told that keeping it a secret would also allow them to move on and forget.

But for most, if not all, losing that child was a pain that never went away, a hole in their hearts that influenced every defining moment of their futures.

Recounts one woman over her loss of her son: "Every single night, 365 days a year for 21 years, I'd look up at the stars at night and think: 'We're under the same sky,' and it was the one thing that made me feel close to him. I knew that he was looking at the same stars.

"People say to me 'Oh, well it's not that way anymore.' I say 'It's still that way for a lot of us. A lot of my sisters are suffering in silence.' People can't believe it has had such an influence.

"It changed my personality. I suffered this alone for 21 years so everyone around me would be comfortable: 'Don't talk about it, because it makes us uncomfortable.' And I didn't."

Another woman tells of a nervous tic in her voice that started when she entered the maternity home and then got progressively worse. "Over the years I went to voice specialists, ear, nose and throat doctors. I also went to this famous speech therapist – \$200 an hour – and he said, 'When did your speech problems start?' I couldn't get the words out. Finally, I said, 'At the home for unwed mothers.' And he looked at me and said, 'Do you think you're the only person who gave a baby for adoption? Why are you taking it so hard?'

"Then I went to a psychiatrist, and he didn't know how to help me either. He listened to the story and he comes up with the idea that I should pretend the baby was born dead and put it behind me that way. I said, 'I don't think so, Doctor. I don't think so.' I went on antidepressants at that point."

That an unmarried pregnant woman would be such a disgrace to a family and thus treated so cruelly seems almost hard to imagine today. But the post-war aspirations to be the perfect Ozzie and Harriet nuclear family, what Fessler calls the pressure to conform, shunned a whole population of women into suppressed pain.

"I thought about him every day," said a woman now in her 50s. "He was just mine, a part of me that I didn't share with anyone else. The part of me that was his mother remained 17 and the rest of me continued to grow, to be a wife and a mother, eventually a nursing student. I was in therapy for a while for little bit of depression, and they said: 'You have an overactive maternal instinct. You need to become a nurse,' so that's what I did. I never mentioned that I'd given up a baby up for adoption, never mentioned it. I just couldn't."

A woman named Christine says: "Many times I've thought about the difference between the labor and deliveries of my two daughters. Such a difference and it was only because I had 'Mrs.' in front of my name. I was the same person, but all because of 'Mrs.' they treated me like a human being. After the birth of my first child, I had nothing. You walk out of the hospital with whatever memories you had and the stretch marks on your body. That's it. Nothing. It was as if it never happened."

Thanks to Fessler's book, the girls who went away finally have a voice and, hopefully, a path that leads to healing.

Home life Marney Rich Keenan's column runs in *The Detroit News* Features section on Thursdays and in *Homestyle* on Saturdays. You can reach her at (313) 222-2515 or [mkeenand@detnews.com](mailto:mkeenand@detnews.com).

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## **Bills would hurt children for sake of 'morals'**

Between The Lines Newspaper

[www.PrideSource.com](http://www.PrideSource.com)

By Dawn Wolfe Gutterman

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**LANSING** - Pro-gay family advocates were handed a favor by the state House on May 24. Because that body ran overtime, a hearing on bills that could make it substantially more difficult for same-sex couples to adopt children was delayed, giving pro-gay family activists time to rally fair-minded citizens.

House Bills 5908 & 5909 would allow adoption agencies to refuse placement of children in homes to which the agencies have a "moral objection." Both bills enjoy the sponsorship of known anti-gay human rights legislators such as Jack Hoogendyk (R-Kalamazoo), Barb Vander Veen (R-District 89) and William VanRegenmorter (R-District 74).

A staffer for Rep. John Stahl (R-District 82), chair of the Committee on Family and Children's Services, and a primary sponsor of HB 5908, confirmed that the bills would be voted on within the next few weeks.

"These bills are not going to be helpful for children in finding permanent homes because it's going to potentially exclude foster and adoptive parents from applying," said Bev Davidson, president of the Coalition for Adoption Rights Equality. "And they will give power to private agencies to exclude certain individuals from fostering or adopting based on their moral beliefs and not on the ability of the person to parent."

"These adoption bills are radical, they're bad public policy and they will hurt children in Michigan," said Sean Kosofsky, policy director for Triangle Foundation. "These bills aim to replace the philosophy that adoptions should be decided on what is in the best interests of the child." Triangle and CARE are leading the fight against the bills.

Asked why the state legislature might be considering the bills, Kosofsky said, "It's election-year grandstanding. These bills will help no one and will hurt many, and they will cost money by keeping kids in foster care rather than putting them in good homes."

When asked if Rep. Stahl considered the effect of his bill on families by same-sex couples, the staffer said, "I'm sure it was taken into consideration."

According to National Association of Social Workers Michigan Chapter Executive Director Dr. Maxine Thome, "We are concerned that these bills have been raised in opposition to the Second Parent Adoption Bills (which the association supports). If so, we would like to stress that sexual orientation is about loving and respecting a person of the same sex. Love and respect are the foundations of good parenting."

The National Association of Social Workers has joined the National Council of Jewish Women, the Episcopal Diocese of Eastern Michigan, the Child Welfare League of Michigan, and numerous other state and national professional, religious, and child-advocacy organizations in supporting second parent adoption regardless of the sexual orientation of the parents.

Rep. Paul Condino (D-35), whose HB 5399 would legalize second parent adoption in Michigan, was unavailable for comment on the anti-adoption bills as of press time.

# Speak OUT

Triangle and CARE are seeking people willing to travel to Lansing on a moment's notice to testify against House Bills 5908 & 5909. Call Bev Davidson at 734-646-8150 or Sean Kosofsky at 313-537-3323, ext. 105 for more information.

In addition, contact your state Representative and Senator and tell her or him to oppose the bills, which would leave more children without permanent homes in deference to the "morals" of adoption agencies.

For contact information for your state Representative call the Michigan State House Clerk's office at 517-373-0135 or visit [http://house.michigan.gov/find\\_a\\_rep.asp](http://house.michigan.gov/find_a_rep.asp). For contact information for your state Senator visit <http://senate.michigan.gov> or call the Secretary of the Senate at 517-373-2400.

# Fund cuts for poor, tax breaks for rich

**T**he Senate almost voted to repeal the estate tax last fall, but Republican leaders postponed the vote after Hurricane Katrina. It's easy to see why: The public might have made the connection between scenes of Americans abandoned in the Superdome and scenes of well-heeled senators voting huge tax breaks for their even wealthier campaign contributors.

But memories of Katrina have faded, and they're about to try again. The Senate will probably vote this week. So it's important to realize that there's still a clear connection between tax breaks for the rich and failure to help Americans in need.

Any senator who votes to repeal the estate tax, or votes for a "compromise" that goes most of the way toward repeal, is in effect saying that increasing the wealth of people who are already in line to inherit millions or tens of millions is more important than taking care of fellow citizens who need a helping hand.

The Deficit Reduction Act of 2005, which was signed in February, consists mainly of cuts to spending on Medicare, Medicaid and education. The Medicaid cuts will have the largest human impact; the Congressional Budget Office estimates that they will cause 65,000 people, mainly children, to lose health insurance, and lead many people who retain insurance to skip needed medical care because they can't afford increased co-payments.

Congressional leaders justified these harsh measures by saying that we have to reduce the budget deficit. But those same leaders now propose making the deficit worse by repealing the estate tax. Apparently deficits aren't such a big problem as long as we're running up debts to provide bigger inheritances to wealthy heirs rather than to provide medical care to children.

And the cost of tax cuts is far larger than the savings from benefit cuts. Under current law, the estate tax is scheduled to be phased out in 2010, but return in 2011. According to the Joint Committee on Taxation, making repeal permanent would cost more than \$280 billion from 2011 to 2015. That's more than four times the savings from the Deficit Reduction Act over the same period.

## PAUL KRUGMAN

Who would benefit from this largesse? The estate tax is overwhelmingly a tax on the very, very wealthy; only about one estate in 200 pays any tax at all. The campaign for estate tax repeal has largely been financed by just 18 powerful business dynasties, including the family that owns Wal-Mart.

You may have heard tales of family farms and small businesses broken up to pay taxes, but those stories are pure propaganda without any basis in fact.

Nonetheless, the estate tax is up for a vote this week. First, Republicans will try to repeal the estate tax altogether. If that fails, they'll offer a compromise that isn't really a compromise, like a plan suggested by Sen. Jon Kyl, R-Ariz., that would cost almost as much as full repeal, or a plan suggested by Sen. Max Baucus, D-Mont., that is only slightly cheaper.

In each case, the crucial vote will be procedural: If 60 senators vote to close off debate, estate tax repeal or something close to it will surely pass. Any senator who votes for cloture but against estate tax repeal is simply a hypocrite, trying to have it both ways.

But will the Senate vote for cloture? The answer depends on two groups of senators: Democrats like Baucus who habitually stake out "centrist" positions that give Republicans almost everything they want, and moderate Republicans like Lincoln Chafee of Rhode Island who consistently cave in to their party's right wing.

Let me remind senators that this isn't just a fiscal issue; it's also a moral issue. Congress has already declared that the budget deficit is serious enough to warrant depriving children of health care; how can it now say that it's worth enlarging the deficit to give Paris Hilton a tax break?

**PAUL KRUGMAN** is a columnist for the *New York Times*. Write to him at the *New York Times News Service*, 229 W. 43rd St., New York, NY 10036.